

RECEIVED

CORRES. CONTROL
INCOMING LTR NO.

00342 RF05

DUE DATE

ACTION



2005 JUN 29 P 2:36

Department of Energy

ROCKY FLATS PROJECT OFFICE
12101 AIRPORT WAY, UNIT A
BROOMFIELD, COLORADO 80021-2583

JUN 28 2005

05-DOE-00385

DIST.	LTR	ENC
BERARDINI, J.H.	X	X
BOGNAR, E.S.	X	X
BROOKS, L.		
CARPENTER, M.	X	X
CIUCCI, J.A.		
CROCKETT, G. A.	X	X
DECK, C. A.	X	X
DEGENHART, K. R.	X	X
DEL VECCHIO, D.		
FERRERA, D. W.	X	X
GIACOMINI, J. J.		
GILPIN, H.		
LINDSAY, D. C.	X	X
LONG, J. W.		
NESTA, S.		
SHELTON, D. C.	X	X
TUOR, N. R.	X	X
WARD, D.	X	X
WIEMELT, K.	X	X
ZAHM, C.	X	X
Cable, J.	X	X
Firehurn, R.	X	X
Waringer, R.	X	X
Bukavina, F.	X	X

Ms. Sandra Johnson

U.S. Environmental Protection Agency, Region VIII

Technical Enforcement Program, 8ENF-PT

999 18th Street, Suite 300

Denver, Colorado 80202-2466

Mr. Dave Akers, Manager

Colorado Department of Public Health and Environment

Water Quality Protection Section, WQCD-PWQPS-B2

4300 Cherry Creek Drive South

Denver, Colorado 80246-1530

Dear Ms. Johnson and Mr. Akers:

The May 2005 Discharge Monitoring Report (DMR), required by the Rocky Flats Environmental Technology Site National Pollutant Discharge Elimination System (NPDES) Permit is enclosed. During the May 2005 reporting period, there was no discharge from the Sewage Treatment Plant (Outfall STP 1), which is indicated on the forms. As directed by the form instructions, "No Discharge" is written across the form in place of data entry.

On November 24th, 2004 the co-permittees provided formal notification to the Environmental Protection Agency (EPA) of the abandonment of Outfall STP1 and requested agency action to remove the outfall from the current permit. Until that action is taken, the requirement to submit monthly reports remains in effect. Once agency action is taken, the requirement for monthly reports will be removed.

COR. CONTROL	X	X
ADMIN. RECORD	X	X

Reviewed for Addressee
Corres. Control RFP10/29/05
Date By

Ref. Ltr. #

DOE ORDER #

5400.1

I certify under penalty of law that this document and all enclosures were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for

ADMIN RECORD

IA-A-002653

S. Johnson and D. Akers
05-DOE-00385


2

JUN 28 2005

submitting false information, including the possibility of fine and imprisonment for knowing violations.

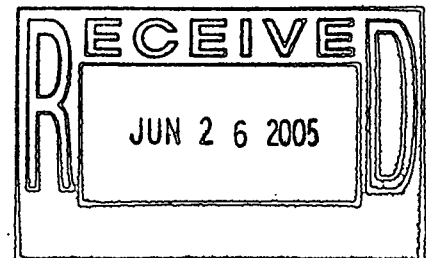
If you have any questions or desire additional information on this matter please contact John Stover, of my staff, at (303) 966-9735.

Sincerely,


Frazer R. Lockhart
Manager

Enclosures

cc w/Encs:
J. Stover, RFPM, RFPO
C. Gillespie, US EPA
L. Kaiser, Stollar
Administrative Record



NAME USDOE-ROCKY FLATS FIELD OFFICE
ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

FACILITY USDOE-ROCKY FLATS FIELD OFFICE
LOCATION GOLDEN CO 80403-8200

ATTN: JIM LEGARE, ASST MGR/ENV COMP

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER C00001333
DISCHARGE NUMBER 01A

MONITORING PERIOD
YEAR 1993
FROM 03/01 TO 03/31

MAJER

FINAL DISCH OF PROD WATER FROM EVAP

NO. NO. DISCHARGE
NOTE: Read instructions before completing this form.

PARAMETER	QUANTITY OR CONCENTRATION			SAMPLE TYPE
	AVERAGE	MAXIMUM	MINIMUM	
CONDUCTIVITY	***	***	***	03
00094	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
PH	***	***	***	03
00400	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
PURGEABLE HYDRO- CARBONS MEASUREMENT	***	***	***	03
03768	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
FLOW	***	***	***	03
74076	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
METALS	***	***	***	03
78240	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
ALPHA GROSS PARTICULATE ACTIVITY	***	***	***	03
80043	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
GROSS BETA	***	***	***	03
83817	***	***	***	03
EFFLUENT GROSS VALUE	***	***	***	03
NAME/TITLE/PRINCIPAL DESIGNATED OFFICIAL	OFFICER OF RECORD/DESIGNED AGENT			28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (If not checked, no violations occurred):
IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

General Instructions

1. If form has been partially completed by preprinting, disregard instruction directed at entry of that information already preprinted.
2. Enter "Permittee Name/Mailing Address (and facility name/location, if different)," "Permit Number," and "Discharge Number" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "Monitoring Period" covered by form where indicated.
4. Enter each "Parameter" as specified in monitoring requirements of permit.
5. Enter "Sample Measurement" data for each parameter under "Quantity" and "Quality" as specified in permit. "Average" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "Monitoring Period"; "Maximum" and "Minimum" are normally extreme high and low measurements obtained during "Monitoring Period". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "Average," and enter maximum 7-day average of sample measurements obtained during monitoring period under "Maximum.")
6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont." for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A

GOLDEN

CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

CD0001333

PERMIT NUMBER

STP

DISCHARGE NUMBER

Form Approved.
OMB No. 2040-0004

MAJOR

FINAL

DISCHARGE FROM SEWAGE TRMT PLT

FACILITY LOCATION USDOE-ROCKY FLATS FIELD OFFICE

GOLDEN

CO 80403-8200

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
93	05	01		93	05	31

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

NO DISCHARGE

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
PM	SAMPLE MEASUREMENT	*****	*****			*****		(12)			
00400 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
ALKALINITY, TOTAL (AS CaCO3)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00410 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 0 0 0 RAW SEW/INFLUENT	PERMIT REQUIREMENT	*****	*****	***		*****					
SOLIDS, TOTAL SUSPENDED	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00530 2 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
OIL & GREASE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00556 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
NITROGEN, AMMONIA TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00610 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
NITROGEN, NITRITE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00615 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	***		*****					
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.				TELEPHONE		DATE			
FRATER R LOUKHART						303 966 2005		05 6 28			
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				AREA CODE	NUMBER	YEAR	MO	DAY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipals with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
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NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

CD0001223

PERMIT NUMBER

STP 1

DISCHARGE NUMBER

MAJOR

F - FINAL

DISCHARGE FROM SEWAGE TRMT PLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN CO 80403-8200 (FROM

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
NITROGEN, NITRATE TOTAL (AS N)	SAMPLE MEASUREMENT	*****	*****		*****	*****		(19)			
00620 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
PHOSPHORUS, TOTAL (AS P)	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
00665 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	MG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
CHROMIUM TOTAL RECOVERABLE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
01118 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
CHROMIUM, HEXAVALENT DISSOLVED (AS CR)	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
01220 2 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
SILVER, POTENTIALLY DISSOLVED	SAMPLE MEASUREMENT	*****	*****		*****			(28)			
01304 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
CARBON TETRACHLORIDE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
32102 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							
1,2-DICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
32103 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	UG/L		WEEKLY	ONLINE
EFFLUENT GROSS VALUE				****							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

FRANK R. LOCKMAN

TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

TELEPHONE

303 966 2025

AREA CODE NUMBER

DATE

05 6 28

YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

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12. Enter "Name/Title of Principal Executive Officer" with "Signature of Principal Executive Officer of Authorized Agent," "Telephone Number," and "Date" at bottom of form.
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PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDDE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved
OMB No. 2040-0004

MAJOR

CD0001333
PERMIT NUMBER

STP 1
DISCHARGE NUMBER

FACILITY LOCATION USDDE-ROCKY FLATS FIELD OFFICE
GOLDEN CO 80403-8200 (FROM

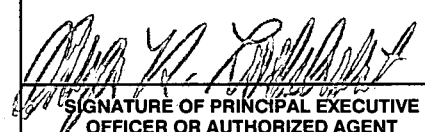
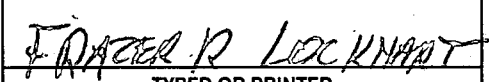
MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
05	05	01	TO	05	31

F - FINAL
DISCHARGE FROM SEWAGE TRMT PLT.

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

*** NO DISCHARGE 1 ***
NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
BENZENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
24030 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		UG/L		ONCE/ MONTH	DRAB
1,1-DICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
34501 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		UG/L		ONCE/ MONTH	DRAB
1,1,1-TRICHLOROETHANE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
34506 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		UG/L		ONCE/ MONTH	DRAB
DICHLOROETHENE, 1,2- EFFLUENT	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
32676 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		UG/L		ONCE/ MONTH	DRAB
TRICHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****		(28)			
39180 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****		UG/L		ONCE/ MONTH	DRAB
FLOW, IN CONDUIT OR THRU TREATMENT PLANT	SAMPLE MEASUREMENT	*****		(03)	*****	*****	*****				
50050 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	MGD	*****	*****	*****	*****		ONCE/ MONTH	DRAB
COLIFORM, FECAL GENERAL	SAMPLE MEASUREMENT	*****	*****		*****	*****		(13)			
74055 1 0 0 EFFLUENT GROSS VALUE	PERMIT REQUIREMENT	*****	*****	****	*****	*****	*****	100NL		ONCE/ MONTH	DRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE		
 TYPED OR PRINTED			303 966 2025	05	6	28

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
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2. Enter "*Permittee Name/Mailing Address* (and facility name/location, if different)," "*Permit Number*," and "*Discharge Number*" where indicated. (A separate form is required for each discharge.)
3. Enter dates beginning and ending "*Monitoring Period*" covered by form where indicated.
4. Enter each "*Parameter*" as specified in monitoring requirements of permit.
5. Enter "*Sample Measurement*" data for each parameter under "*Quantity*" and "*Quality*" as specified in permit. "*Average*" is normally arithmetic average (geometric average for bacterial parameters) of all sample measurements for each parameter obtained during "*Monitoring Period*"; "*Maximum*" and "*Minimum*" are normally extreme high and low measurements obtained during "*Monitoring Period*". (Note to municipalities with secondary treatment requirement: Enter 30-day average of sample measurements under "*Average*," and enter maximum 7-day average of sample measurements obtained during monitoring period under "*Maximum*.")
6. Enter "*Permit Requirement*" for each parameter under "*Quantity*" and "*Quality*" as specified in permit.
7. Under "*No Ex*" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "*Frequency of Analysis*" both as "*Sample Measurement*" (actual frequency of sampling and analysis used during monitoring period) and as "*Permit Requirement*" specified in permit. (e.g. Enter "*Cont*," for continuous monitoring, "*1/7*" for one day per week, "*1/30*" for one day per month, "*1/90*" for one day per quarter, etc.)
9. Enter "*Sample Type*" both as "*Sample Measurement*" (actual sample type used during monitoring period) and as "*Permit Requirement*," (e.g. Enter "*Grab*" for individual sample, "*24HC*" for 24-hour composite, "*N/A*" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
11. If "no discharge" occurs during monitoring period, enter "No Discharge" across form in place of data entry.
12. Enter "*Name/Title of Principal Executive Officer*" with "*Signature of Principal Executive Officer of Authorized Agent*," "*Telephone Number*," and "*Date*" at bottom of form.
13. Mail signed Report to Office(s) by date(s) specified in permit. Retain copy for your records.
14. More detailed instructions for use of this *Discharge Monitoring Report (DMR)* form may be obtained from Office(s) specified in permit.

Legal Notice

This report is required by law (33 U.S.C. 1318; 40 C.F.R. 125.27). Failure to report or failure to report truthfully can result in civil penalties not to exceed \$10,000 per day of violation; or in criminal penalties not to exceed \$25,000 per day of violation, or by imprisonment for not more than one year, or both.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

000001335

PERMIT NUMBER

STEP 1

DISCHARGE NUMBER

MAJOR

F - FINAL

DISCHARGE FROM SEWAGE TRMT FLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN CO 80403-8200 FROM

ATTN: JOE LEGARE, ASST MGR/ENV COMP.

MONITORING PERIOD						
YEAR	MO	DAY	TO	YEAR	MO	DAY
05	05	01		05	05	31

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
ALPHA, CROSS PARTICLE ACTIVITY	SAMPLE MEASUREMENT	*****	*****		*****	*****		(17)			
80045 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	CI/L			
EFFLUENT CROSS VALUE		*****	*****	****	*****	*****	*****	*****			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****			(17)			
80082 0 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****			
RAW SEW/INFLUENT		*****	*****	****	*****	*****	*****	*****			
BOD, CARBONACEOUS 05 DAY, 20C	SAMPLE MEASUREMENT	*****	*****		*****			(19)			
80082 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****			
EFFLUENT CROSS VALUE		*****	*****	****	*****	*****	*****	*****			
BOD, CARBONACEOUS, PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(23)			
80358 0 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****			
PERCENT REMOVAL		*****	*****	****	*****	*****	*****	*****			
SOLIDS, SUSPENDED PERCENT REMOVAL	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(23)			
81011 0 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****			
PERCENT REMOVAL		*****	*****	****	*****	*****	*****	*****			
OIL AND GREASE VISUAL	SAMPLE MEASUREMENT	*****	*****	(94)	*****	*****	*****				
84066 1 0 0	PERMIT REQUIREMENT	*****	*****	ES=1	*****	*****	*****	*****			
EFFLUENT CROSS VALUE		*****	*****	NO=0	*****	*****	*****	*****			
TETRACHLOROETHYLENE	SAMPLE MEASUREMENT	*****	*****		*****	*****	*****	(20)			
85214 1 0 0	PERMIT REQUIREMENT	*****	*****	***	*****	*****	*****	*****			
EFFLUENT CROSS VALUE		*****	*****	****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER
FRANZ R LOCKHART
TYPED OR PRINTED

I Certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

303 9662025 05 6 28
AREA CODE NUMBER YEAR MO DAY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

IF NO DISCHARGE OCCURS DURING THE ENTIRE MONITORING PERIOD, IT SHALL BE STATED THAT NO DISCHARGE OR OVER FLOW OCCURRED.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated to vary from a range of 10 hours as an average per response for some minor facilities, to 110 hours as an average per response for some major facilities, with a weighted average for major and minor facilities of 18 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information, including suggestion for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, S.W. Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

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6. Enter "Permit Requirement" for each parameter under "Quantity" and "Quality" as specified in permit.
7. Under "No Ex" enter number of sample measurement during monitoring period that exceed maximum (and/or minimum or 7-day average as appropriate) permit requirement for each parameter. If none, enter "0".
8. Enter "Frequency of Analysis" both as "Sample Measurement" (actual frequency of sampling and analysis used during monitoring period) and as "Permit Requirement" specified in permit. (e.g. Enter "Cont," for continuous monitoring, "1/7" for one day per week, "1/30" for one day per month, "1/90" for one day per quarter, etc.)
9. Enter "Sample Type" both as "Sample Measurement" (actual sample type used during monitoring period) and as "Permit Requirement," (e.g. Enter "Grab" for individual sample, "24HC" for 24-hour composite, "N/A" for continuous monitoring, etc.)
10. Where violations of permit requirements are reported, attach a brief explanation to describe cause and corrective actions to be taken, and reference each violation by date.
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NAME USDOE-ROCKY FLATS FIELD OFFICE

ADDRESS 10808 HIGHWAY 93, UNIT A
GOLDEN CO 80403-8200

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

Form Approved.
OMB No. 2040-0004

000001333

PERMIT NUMBER

STP 1

DISCHARGE NUMBER

MAJOR

7 - FINAL

DISCHARGE FROM SEWAGE TRMT PLT

FACILITY USDOE-ROCKY FLATS FIELD OFFICE

LOCATION GOLDEN CO 80403-8200

MONITORING PERIOD					
YEAR	MO	DAY	YEAR	MO	DAY
03	05	01	TO	05	05

*** NO DISCHARGE ***

NOTE: Read Instructions before completing this form.

ATTN: JOE LEGARE, ASST MGR/ENV COMP

PARAMETER		QUANTITY OR LOADING			QUANTITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS			
GROSS BETA	SAMPLE MEASUREMENT	*****	*****		*****	*****		(17)			
85817 1 0 0	PERMIT REQUIREMENT	*****	*****	****	*****	*****	10 PC/L				
EFFLUENT GROSS VALUE	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT										
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SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE

DATE

FRANZ D LOVINSKY

TYPED OR PRINTED

303 966-2025 05 6 28

AREA CODE

NUMBER

YEAR

MO

DAY

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